Sectt. H-27—45,000—19-10-39.

E & C.H (1940) Department.

MS SERIES.

G.O. No. 3063 P.H 19

Dated 11-7-1940

[Despatch Abstract.]

Forms - Vaccination - South Kanara District Board - Local printing Sanctioned as a special case.

GOVERNMENT OF MADRAS
8 - MAY 1940
EDUCATION & PUBLIC HEALTH DEPT.

C.F. 30

DEPARTMENT. G

Received ..... 19 *Registered* 19

19289/9/5/1940.

Subject.

Forms - Vaccination - Printing of - Locally - sanction requested.

ENCLOSURES.
No. 1
Spare copies

Rf. C. No. 9476-A4-40.

Station Mangalore *Dated the* 1st May 19 40.

From (Name) Sri K.Vittal Shetty,
(Designation) President, District Board, S.Kanara.

To The Secretary to the Government of Madras,
Education and Public Health Department.
Madras.

Sir,

In the objection statement on the accounts of this District Board for October 1939, the District Inspector of L.F.Accounts has objected to the local printing of the forms noted in the margin for the use of vaccinators during 1939-40.

	No. printed.
(1) Monthly abstract of vaccination work done.	440 (400)
(2) Diary of the Vaccinator	2400 (1600)
(3) Abstract of Vital statistics	400 (400)
(4) Statement of Children born	900 (1000)

2. The District Health Officer, South Kanara, states that the forms H.I. 21-35.36 available at Government Press and referred to in the objection statement are those intended for Health Inspectors for sending consolidated

returns of their work and that of the vaccinators. The form IIA-8 referred to in the objection statement is one intended for Municipalities. Hence these forms which are not available at Government Press were printed locally for the use of the vaccinators.

3. I therefore request that Government may be pleased to accord sanction for their local printing.

4. Specimen forms Nos. H.I. 21.35 and 36 and the four kinds of forms got printed locally are enclosed with a copy of the objection statement.

5. I also request that the Superintendent Government Press Madras may be asked to stock these forms if Government consider that these forms cannot be got printed locally in future.

PRESIDENT,
Dt.Board, S.Kanara.

DJK/4.5.40.

Extract from the District Inspector's Objection statement on the accounts of the District Board, for the month of October 19 3.

Item No.	Voucher No.	Nature of receipt or payment.	Nature of objection.			District Inspector's Remarks.
11	2187	Printing forms Health office- Total of voucher Rs 105.5.0.				
		No. in the standard list. (1)	Description of forms and No.Printed. (2)	Cost. (3)	Cost as per Govt. list Excluding 5%. (4)	The forms specifie in column (3) are standardized. The sanction of Government may be quoted for local printing of the forms.
		36.	Monthly abstract of vaccination work done. 440	2- 1- 3	2-12- 0	
		35	Weekly Diary 2400	12-11- 0	15- 0- 0	
		21	Abstract of Vital statistics 400	2- 6- 3	4- 4- 0	
		II -A8	Statement of children born 900	3- 4- 3	4- 8- 0	

R. O. C. No.....

True extract forwarded to.....

SOUTH KANARA DISTRICT BOARD OFFICE,
Mangalore, 19 .
DJK/4.5.40.

/True extract/

PRESIDENT,
(Secretary)
District Board, South Kanara.

Abstract of vaccination work done by Vaccinators for the month of 193

Name of the Range.	Name and class of the Vaccinator.	Number of days on tour.	Number of villages visited.	Number of vaccinations performed.	Unregistered unprotected children detected.	Remarks.

Camp:— .....

.....193 .

To

The Health Inspector,

.....*Range.*

Vaccinator

Group

5

Diary of ~~Class~~, Vaccinator ..... of ..... Range, South Kanara District

for the week ending Saturday ..... 19 .....

Date	Villages visited.	Population.	Distance from head-quarters.	Distance travelled.	Vital Statistics														Vaccination							REMARKS.
					Births.					Deaths.					Unprotected cases.				Number of cases liable for vaccination.	Number of cases vaccinated.	Number sick	Number absent.	Number refused*	Pending.		
					Registered.	Verified.	Detected.	Total.	Rate per mille.	Registered.	Verified.	Detected.	Total.	Rate per mille.	Registered.	Verified.	Detected.	Total.						Over age.	Under age.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27

(3)

Similar to the above is not available.

Station .....

*Prosecution rolls must be submitted for all cases refused.

Number of days on tour.
Number of villages visited.
Number of miles travelled.

..... Class of Vaccinator .....

..... Range.

Ltd. 2400-7-39.

Abstract of investigations of Vital Statistics done by ..... Vaccinator ..... Range

during the month of ..... 19 .

S. No.	Name of villages visited.	Population.	Date of visit.	Births.					Deaths.				Unprotected Cases.			Total.	
				Registered	Verified	Detected	Total	Rate per mille	Registered	Verified	Detected	Total	Rate per mille	Registered	Verified	Detected	Above age.	Under age.

To

The Health Inspector,

..... Range.

S. P. W. Ltd., 440-7-39.

Statement of children born in ..... who have been removed therefrom without being vaccinated

Birth Register No.

Date of birth or age

Residence

Door No. and Street

Caste

Father's or guardian's name

Occupation

Sex

No. in the unprotected register

Place to which removed with address

Forwarded to for information with the request that the child mentioned herein may be vaccinated and the date and result of vaccination may be communicated to this office, so that necessary entries may be made in the registers concerned.

Vaccinator,	*Health Inspector,*	*Dt. Health Officer,*
..... *Range.*	..... *Range.*	..... *District.*
Date	Date	Date .....

Statement of children born in ..... who have been removed therefrom without being vaccinated.

Birth Register No.

Date of birth or age

Residence

Door No. and Street

Caste

Father's or guardian's name

Occupation.

Sex

No. in the unprotected register

Place to which removed with address

Forwarded to for information with the request that the child mentioned herein may be vaccinated and the date and result of vaccination may be communicated to this office, so that necessary entries may be made in the registers concerned.

Vaccinator,	*Health Inspector,*	*Dt. Health Officer,*
..... *Range.*	..... *Range.*	..... *District.*
Date	Date	Date .....

H.I. 35—4,004—806—36.

Abstract of the work of the Vaccination Staff of _____ _____District

during the month of_____193 .

Name of range.	Vaccinator's work.		Health Inspector's work.			Number of unregistered U.P.Cs. detected		Remarks. (Note action taken against Vaccinators and Health Inspectors for shortage in tour, minimum number of vaccinations prescribed, etc.)
	Number of villages visited.	Number of vaccinations performed.	Name of Health Inspector.	Days out of headquarters.	Number of vaccinated cases inspected.	By Vaccinators.	By Health Inspectors.	

STATION_____

Dated_____193 .

District Health Officer,

_____*District.*

(This statement should be submitted so as to reach the Director of Public Health not later than the 15th of the succeeding month.)

H.I. 36—2,000—2-9-32.

Abstract of returns of Vaccinations for the month of ——————193 ,
received from the Health Inspectors of——————District.

Name of range.	Date of receipt of return from Health Inspector.	Primary and Secondary Vaccinations.			Re-vaccinations.			Remarks—(Note reasons for delay in receipt of return low percentage of success, etc.
		Total operations performed.	Number inspected by H.I.	P.C. of success.	Total operations performed.	Number inspected by H.I.	P.C. of success.	

(Station)

Dated ——————193 .

District Health Officer,
——————*District.*

(This statement should be submitted so as to reach the Director of Public Health not later than six weeks following the month to which the statement relates).

H.I. 21—3,031—20-6-38. (5).

_____District.

Abstract of work done in connexion with Vital Statistics by the Health Staff

of_____Range during the month of_____193 .

Name of the officer and designation.	Number of villages visited.	Total population of villages visited.	Births and deaths registered in the year up to end of previous month.		Estimated rate per mille.		Number of births and deaths not registered but detected during inspection.		Remarks.
			Births.	Deaths.	Births.	Deaths.	Births.	Deaths.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Dated _____

Health Inspector's

_____ *Range.*

NOTE.—Health Inspectors shall submit this report in duplicate to the District Health Officer who will retain one copy in his office. The duplicate copies for the whole district shall be submitted to the D.P.H. in one file before the 15th of the succeeding month to which the return relates.

H.I. 21—3,931—29-6-38. (5).

_____District.

Abstract of work done in connexion with Vital Statistics by the Health Staff

of_____Range during the month of_____193

Name of the officer and designation.	Number of villages visited.	Total population of villages visited.	Births and deaths registered in the year up to end of previous month.		Estimated rate per mille.		Number of births and deaths not registered but detected during inspection.		Remarks.
			Births.	Deaths.	Births.	Deaths.	Births.	Deaths.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Dated_____

Health Inspector's

_____*Range.*

NOTE.—Health Inspectors shall submit this report in duplicate to the District Health Officer who will retain one copy in his office. The duplicate copies for the whole district shall be submitted to the D.P.H. in one file before the 15th of the succeeding month to which the return relates.

H.I. 21—3,931—29-6-38. (5).

_____ District.

Abstract of work done in connexion with Vital Statistics by the Health Staff of _____ Range during the month of _____ 193 .

Name of the officer and designation.	Number of villages visited.	Total population of villages visited.	Births and deaths registered in the year up to end of previous month.		Estimated rate per mille.		Number of births and deaths not registered but detected during inspection.		Remarks.
			Births.	Deaths.	Births.	Deaths.	Births.	Deaths.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Dated _____

Health Inspector's

_____ *Range.*

NOTE.—Health Inspectors shall submit this report in duplicate to the District Health Officer who will retain one copy in his office. The duplicate copies for the whole district shall be submitted to the D.P.H. in one file before the 15th of the succeeding month to which the return relates.

H.I. 21—3.931—

_____District.

Abstract of work done in connexion with Vital Statistics by the Health Staff of _____Range during the month of _____193

Name of the officer and designation.	Number of villages visited.	Total population of villages visited.	Births and deaths registered in the year up to end of previous month.		Estimated rate per mille.		Number of births and deaths not registered but detected during inspection.		Remarks.
			Births.	Deaths.	Births.	Deaths.	Births.	Deaths.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Dated _____

Health Inspector's

_____*Range*

NOTE.—Healh Inspectors shall submit this report in duplicate to the District Health Officer who will retain one copy in his office. The duplicate copies for the whole district shall be submitted to the D.P.H. in one file before the 15th of the succeeding month to which the return relates.

S.F. II-A. 8.

_____ MUNICIPALITY.

Statement of children born in _____ who have been removed therefrom without being vaccinated.

Birth register number

Date of birth or age

Residence

Door number and street

Caste

Father's or guardian's name

Occupation

Sex

Number in the vaccinator's unprotected register

Place to which removed.

Forwarded to _____ for information with the request that the child mentioned herein may be vaccinated and the date and result of vaccination may be communicated to this office, so that necessary entries may be made in the registers concerned.

Vaccinator,

_____ *Municipality,*

Date

Municipal Health Officer.
Medical Officer in charge of Vaccination.

Executive Authority,

Municipal Council,

Date

_____ MUNICIPALITY.

Statement of children born in _____ who have been removed therefrom without being vaccinated.

Birth register number

Date of birth or age

Residence

Door number and stree

Caste

Father's or guardian's name

Occupation

Sex

Number in thevaccinator's unprotected register

Place to which removed.

Forwarded to _____ for information with the request that the child mentioned herein may be vaccinated and the date and result of vaccination may be communicated to this office, so that necessary entries may be made in the registers concerned.

Vaccinator,

_____ *Municipality,*

Date

Municipal Health Officer.
Medical Officer in charge of Vaccination

Executive Authority,

Municipal Coun

Date

24 Clear
7/5

C.No 19289

(19289)

H&(1-11)Cf

25032

EthPH

From the P.D.B.S. Kamara, Registrar
No. 9476 A 4-40 dt 1-5-1940

Sub: Forms - Vaccination -
Printing of - locally - Sanction
for —

Memo. No. 19289-1 Et PH. dt 15/5-1940

Referred to the Superintendent, Govt. Press, for remarks at an early date. He is requested to send his reply thro' the D.P.H

vsm
11.5.40

PT
13.5.40.

SRCh.
16/5/40.

Note:

Please see the letter of the P.D.B.S in Cf. The views of S.G.P may be obtained with reference to para 2 of his letter.

vsm
11.5.40

Rd. 16/5/40
Rly 15
16/5/40.

Page 1 of (F)

Precedent @ (P)

2

The S. G. P, Madras
(with Cf in original to be
returned with reply)
Copy to D.P.H.

Dpd. by Van
t
enger
Dpr's in ... 15/5/40
Date 193 .

1/4

C.F. 36.

DEPARTMENT.

8124 H 1-3-40

Received ..... 19 . *Registered* 19

Subject.

DIRECTOR 6 JUN 1940 21885/L

ENCLOSURES.
No. 10
.....
Spare copies .....

No. C.148.

Station Madras, *Dated the* 5th June 19 40

From (Name) A. Lepper, Esq.,

(Designation) Superintendent, Government Press,

To The Secretary to the Government of Madras,

Education & Public Health Department.

THRO' The Director of Public Health, Madras.

Sir,

p13 ante

With reference to Government Memorandum No.19289-1 E1 P.H (Education and Public Health) dated 16th May 1940, I have the honour to state that as already stated in my No.C.148 dated 16-2-40 in reply to Government Endt. No.4417-1-E.1 dated 6-2-40 more or less similar Government standardized forms viz., H.I.21, H.I.35, H.I.36 and S.F.II A-8 stocked for sale at the Government Press could have been used by the District Board without resorting to local printing as all local bodies have to get this supply of stock forms from the Government Press with reference to G.O. No.4030 L.A. dated 17-10-1939.

(H)

p11 ante 8124 H 1-3-40

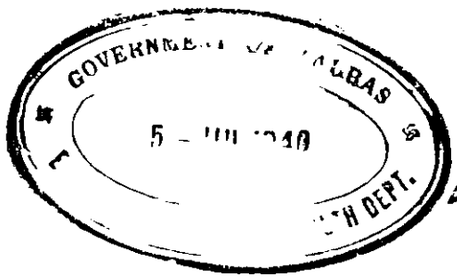
pp8-12 ante

(H)

alepper

Superintendent.

SVR



Office of the Director of Public Health,

Madras, Dated 2nd July 1940.

F.D. No. 21885-1/L.

27015

Forwarded. P1-2 ante

2. As stated in para 2 of the letter of the President, District Board, South Kanara, the forms printed by the District Board locally for the use of vaccinators are not the same as the stock forms mentioned except S.F.11.A8 which could have been made use of with a little alteration. P12 ante

3. The question of the revision and standardization of certain of the vaccination forms printed in the appendices to G.O. Nos. 1144 and 1145 dated 21-3-38 is under consideration and proposal will be sent to Government separately. Until the forms are standardized and stocked in the Government Press, the local printing of such forms may be generally permitted.

J
E

Lieut.-Col., I.M.S.,

Director of Public Health, Madras.

To

The Secretary to Government,

Education & Public Health Department.

Crt.3.7.

NRR

E + P. H

1/7/40 E/ Ingram

C.F. 16.

DRAFT FOR APPROVAL. 1117

	Date.	Initials.
When received for fair copying ..		
When copied ..	11.7.40	
When examined..		
When signed ..		
When despatched.		

SUBJECT:— Forms — Vaccination — South Kamara dl Board — Local printing — Sanctioned as a Special Case

READ AGAIN Govt. 872 P.H, dated 1-3- 1940 (H)

" " " 19

READ *ALSO*:—

C No. 19289 From the P.O.B.S.Kamara, Re No. 9476, dated 1.5.1940 p14

" 27015 " S.G.P " C.148 " 5.6.1940 p14q.

" " S.P.H " 21885/1 " 2.7 1940

Order ~~Resolution~~ Ms. ~~Reut.~~ No. 3063 P.H, dated 11.7.40 19

Sanction is accorded as a special case to the local printing of the following forms in 1939-40, by the South Kamara dl Board:-

(1) Monthly abstract of vaccination work done — 4650 copies.

(2) Diary of the vaccinator — 2400 copies.

(3) Abstract of Vital Statistics — 400 copies

+(4) Statement of children born — 900 copies

2. Moses has similar forms stocked by the Govt.

p14-

Urgent
19789

Govt Press shd in future be obtained from the S.A.P. on payment of Cost as already directed in para 2 of Govt 812-H dy 1.3.40. The attention of the P.O.B. South Kanara is in this connection invited to para 3 of fo 4030 CA dy 17.10.39.

ak 9.7.40.

9.7.40

SRK 10.7.40.

To
The P.O.B. S. Kanara
S.A.P.
— do —

Note:-

Local printing in 1938-39 of exactly similar forms was sanctioned vide G12-H dy 31.3.40. Reforms appear to have been printed again in Octr 1939 (for 1939-40) before the issue of fo no 4030 CA dy 17.10.39. Sanction to the local printing may therefore be accorded as a special case

ak 9.7.40.

9.7.40

SRK 10.7.40.